


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90020 017 ***150.00

DOCUMENT # 526232					
1. Entity Name ASSOCIATED JEWELRY, INC.					
Principal Place of Business 36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI, FL 33132			Mailing Address 36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI, FL 33132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1846512	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, JONATHAN R. 536 BILTMORE WAY CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN-A-YOUNG, ANTHONY L.		NAME	CHIN-A-YOUNG, Anthony L.	
STREET ADDRESS	13400 SW 108 PLACE		STREET ADDRESS	13700 SW 26 St.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Davie FL 33325	
TITLE	PDC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN-A-YOUNG, NORMA		NAME		
STREET ADDRESS	13400 S.W. 108 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TDS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIN-A-YOUNG, NICHOLAS		NAME	CHIN-A-YOUNG, Nicholas	
STREET ADDRESS	13400 SW 108 PL		STREET ADDRESS	186.19 SW 15 St.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN-A-YOUNG, KAREN		NAME		
STREET ADDRESS	13400 SW 108 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Norma Chin-A-Young</u>		NORMA L. CHIN-A-YOUNG		3-14-05 305-3796421	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	